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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET	NO. CONFIRMATION NO.		
10/076,934	02/15/2002		Richard M. O'Hara J	R.	WYS-00701	3689		
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CFR 1.363). Change of corresponders form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME All	ence address or indication ondence address (or Cha 1/122) attached. cation (or "Fee Address' 2 or more recent) attach ND RESIDENCE DATA ess an assignee is identi	nge of Correspondence Indication form led. Use of a Customer A TO BE PRINTED ON T	(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent i listed, no name will THE PATENT (print or	1) the names of up to 3 registered patent attorneys ragents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. PATENT (print or type)				
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Genetics Institute LLC			Madison,	Madison, New Jersey				
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